Individual Characteristics Form
Work Opportunity Tax Credit and
Welfare-to-Work Tax Credit

U.S. Department of Labor
Employment and Training Administration
U.S. Employment Service

1. CONTROL NO.
(For Agency Use Only)

Individual Information
(Instructions on the Back)

OMB Control No.: 1205-0371
Expires: 06/30/2001

2. DATE RECEIVED
(For Agency Use Only)

3. EMPLOYER NAME/ADDRESS

4. EMPLOYER ID NUMBER

6. Have you worked for the above employer before?
Yes ____ No ____

5. EMPLOYMENT START DATE

Starting Wage:
$_____ per hour

POSITION:

7. NAME OF INDIVIDUAL (Last, First, Middle)

8. SOCIAL SECURITY NUMBER:

The above named individual is determined to have the following characteristics for WOTC Target Group Certification:

9. Age between 16 - 25?
Yes ____ No ____
If YES, indicate your "Date of Birth" below:
Date of Birth

10. A veteran and a member of a family that received **Food Stamps** for a period of at least 3 months in the last 15 months.
Yes ____ No ____
If YES, also complete Box 17.

11. Is a member of a family that received **AFDC (TANF) benefits** for any 9 months in the last 18 months.
Yes ____ No ____
If YES, also complete Box 17.

12. Is a member of a family that received **Food Stamps** for the last 6 months.
Yes ____ No ____ or
for at least a 3-month period within the last 5 months, BUT is no longer receiving them?
Yes ____ No ____
If YES to either, also complete Box 17.

13. In the past year has been convicted of a felony or released from prison after a felony conviction.
Yes ____ No ____
If YES, complete below:
Date of Conviction _____
Date of Release _____

Total Income for the past **6 months** for **all** family members living in the same household?
Total Income: _____
(If No Income, Enter 0 above)
No. of family members living in the same household for the past 6 months, including yourself: _____

14. Lives and plans to continue living in a Federal **Empowerment Zone** or **Enterprise Community.**
Yes ____ No ____

16. Received Supplemental Security Income (SSI) benefits for any month ending within the last 60 days.
Yes ____ No ____

15. Is receiving or has received Rehabilitation Services through a State **Rehabilitation Services** program or the Veterans' Administration.
Yes ____ No ____

17. If individual is not a primary recipient of benefits, please provide the following:
_____
Name of Primary Recipient
_____
City/State of Benefits

This section is to be completed by individuals starting work after December 31, 1997, under the Welfare-to-Work Tax Credit only.

18. Is a member of a family that:

- Has received AFDC or TANF payments for at least the last 18 **consecutive** months; Yes ____ No ____ or
- Has received/is receiving AFDC or TANF payments for any 18 months starting after August 5, 1997; Yes ____ No ____ or
- Stopped being eligible for AFDC or TANF payments after Aug. 5, 1997 because Federal or state law limited the maximum time such assistance is payable. Yes ____ No ____

19. SOURCES USED TO DOCUMENT ELIGIBILITY:

Note: I certify that the information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification. **The signature of the party completing this form is required below.**

20. SIGNATURE:

21. DATE:

INSTRUCTIONS FOR COMPLETING THE INDIVIDUAL CHARACTERISTICS FORM (ICF) ETA 9061: **Work Opportunity and Welfare-to-Work Tax Credits.** This form is used in conjunction with IRS Form 8850 to determine eligibility for the Work Opportunity Tax Credit (WOTC) and/or Welfare-to-Work (WtW) Tax Credit. The form may be completed by the applicant, the employer or employer representative, the SESA or the Participating Agency (PA) and signed by the person or agency filling out the form. Note. This form is required to be used, woth modification, by all employers or third parties serving under contract as an agent or representative of the employer.

Box 1: **Control Number (for agency use only). The SESA** or PA determines the Control Number. It may be a Social Security Number, case number, or other appropriate designation which permits easy filing, identification and retrieval of forms. Enter this number here.

Box 2: **Date (for agency use only).** Enter the month, day, and year when the form is received.

Box 3: **Employer Name/Address.** Enter the name and address including zip code and telephone number of the employer applying for a WOTC and/or WtW Certification.

Box 4: **Employer ID No.** Enter employer's federal taxpayer identification number.

Box 5: **Employment Start Date/Wage/Position or Title.** Enter the employment start date, the hourly wage, which the employee will be paid. If not known, enter an estimated wage. Also, enter the job or position title, which the individual will be performing for the employer.

Box 6: **Previous Employment for This Employer.** This requires a YES or NO answer. Enter a check mark (✓) in the blank space that corresponds to your answer.

Box 7: **Name of Individual.** Enter full name of prospective employee.

Box 8: **Social Security Number.** Enter individual's social security number here.

Boxes 9 through 18: Enter a check mark (✓) to indicate if your answer is a YES or a NO. Provide additional information where requested for either the WOTC or the WtW target group eligibility.

Box 19. Sources to Document Eligibility. List and/or describe the documents or sources of collateral contacts that areattached to this form or that will be provided. Indicate in parentheses, next to each document listed whether it is attached or forthcoming. Some examples are provided below. The asterisk (*) indicates documents that may be obtained by the employer. Employers may also obtain a letter from the agency that administers a relevant program, stating that the individual or a member of his-her household meets one of the eligibility requirements.

AGE/BIRTHDATE:
(Required for high-Risk Summer Youth & Food Stamp)
- Birth Certificate
- Driver's License
- School I.D. Card/School Records
- Work Permit
- Federal/State/Local Government I.D.*
- Hospital Record of Birtht

FAMILY INCOME:
(Required for Ex-Felon)
- Pay Stubs
- Employer Contacts
- W-2 Forms
- UI Documents
- Public Assistance Records
- Family Members' Statements
- Parole Officer Statements

EX-FELON STATUS:
- Parole Officer's Name/Statement
- Correction Institution Records
- Court Record, Extract, Contact

FOOD STAMP RECIPIENT:
- Food Stamp Benefit History
- Signed statement from authorized individual with specific description of months benefits were received.
- Case Number/Identifier

SSI RECIPIENT:
- SSI Record or Authorization SSI Contact
- Evidence of SSI Issuance

NUMBER IN FAMILY:
- Public Assistance
- Social Services Agencies
- Family Members' Statements
- Parole Officer's Statements

VETERANS STATUS:
- DD-214
- Reserve Unit Contacts
- Discharge Papers

VOCATIONAL REHABILITATION REFERRAL:
- Voc. Rehab. Agency Contact
- Social Services Agency
- Veteran's Administration Contact

AFDC/TANF & Long-Term Assistance Recipient
- AFDC Benefits History
- Signed statement from authorized individual with specific description of months benefits were received.
- Case Number/identifier

EMPOWERMENT ZONE/ENTERPRISE COMMUNITY
- Driver's License
- Work Permit
- Utility Bills
- Lease Document
- Voter Registration Card
- Computer Printout From
- Foodstamp Award Letter
- Housing Authority Verification
- Landlord's Statement
- Letter From Social Service Agency or School
- Library Card**
- Medicaid/Medicare Card
- Property Tax Record
- Postmarked Envelope Addressed to Applicant
- Public Assistance Records
- Rent Receipt
- School I.D. Card
- Selective Service Registration Card
- W-4

* Where any item of documentation such as a Federal I.D. Card does not contain age or birthdate the SESA must obtain another documentary source to vertify the individual's age.

** Where any term of documentary evidence, such as a Library Card does not contain the holder's address, the SESA must obtain documentary evidence issued in the jurisdiction where the EZ/EC is located showing the holder's address.

Box 20. Signature. If applicant completes this form, he or she must enter signature here. If applicant is a minor (under age 18), the parent or guardian should sign this box. If form is completed by the employer or his/her representative/agent, enter corresponding signature here. If form was completed by the intake staff of a SESA or participating agency, enter signature of intake staff in this box.

Box 21. Date. Enter the month, day and year in which the form was completed.

(Cut along doted line and keep in your files)

TO THE JOB APPLICANT OR EMPLOYEE:

THE INFORMATION AND THE SUPPORTING DOCUMENTATION YOU HAVE PROVIDED IN COMPLETING THIS FORM OR IN SOME CASES OTHER INFORMATION THAT COULD HELP VERIFY THE RESPONSES YOU HAVE GIVEN TO THE ITEMS/QUESTIONS IN THIS FORM WILL BE DISCLOSED BY YOUR EMPLOYER TO THE STATE EMPLOYMENT SECURITY AGENCY (Enter corresponding State Employment Security Agency here) _____
IN ORDER TO QUALIFY FOR A FEDERAL EMPLOYER TAX CREDIT. PROVISION OF THIS INFORMATION IS VOLUNTARY. HOWEVER, THE INFORMATION IS REQUIRED FOR YOUR EMPLOYER TO RECEIVE THE FEDERAL TAX CREDIT. IF THE INFORMATION YOU PROVIDE IS ON A MEMBER OF YOUR FAMILY, YOU SHOULD PROVIDE HIM/HER A COPY OF THIS NOTICE.